

REQUEST FOR CULTURAL RESOURCE REVIEW

(This document is Freedom of Information Exempt)

MAIL TO: Jim Errante, CRS, NRCS, 1835 Assembly St., Room 950, Columbia SC 29201
Ph. (803) 253-3937 FAX (803)253-3670

Date: _____ County: _____ Program Type: _____

Owners Name(s): _____

List Practice(s): _____

Size of Practice(s): _____

%age of Ground Surface Visible: _____

Type of Ground Cover: _____

Noteworthy Characteristics (i.e. soil drainage / terrain): _____

Name of USGS Quad(s): _____

(Attach a photocopy of the practice area taken from a topo map and clearly note the location(s)).

If any cultural resources (prehistoric or historic) are known to exist in the immediate vicinity of the practice area briefly describe: _____

If cultural resources are present, how did you acquire this information?

____ National Register of Historic Places

____ Recollections of customer and/or adjacent land owner(s).

____ Historian, museum, or historical society.

____ Visual cues, such as artifacts, buildings, chimneys, walls, foundations/footing stones, bridges, abutments, depressions, mounds, earthworks, or other landscape features etc.

Field survey will be conducted by (circle one): FO. Staff CR Specialist

Name of contact person submitting this request: _____

(TO BE COMPLETED BY SHPO AND/OR CRS)

ER# _____

_____ archaeological sites have been previously recorded within the APE of this practice.

Comments: _____

Signature: _____ Date: _____